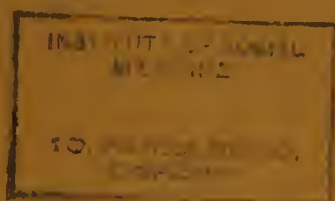


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County of Ross and Cromarty

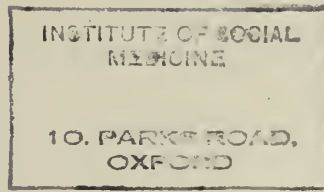
REPORT

BY THE

Medical Officer of Health

FOR THE

Year 1946



COUNTY OF ROSS AND CROMARTY.

R E P O R T

BY THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1 9 4 6

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To : The Department of Health for Scotland
and the County Council
of Ross and Cromarty.

Ladies and Gentlemen,

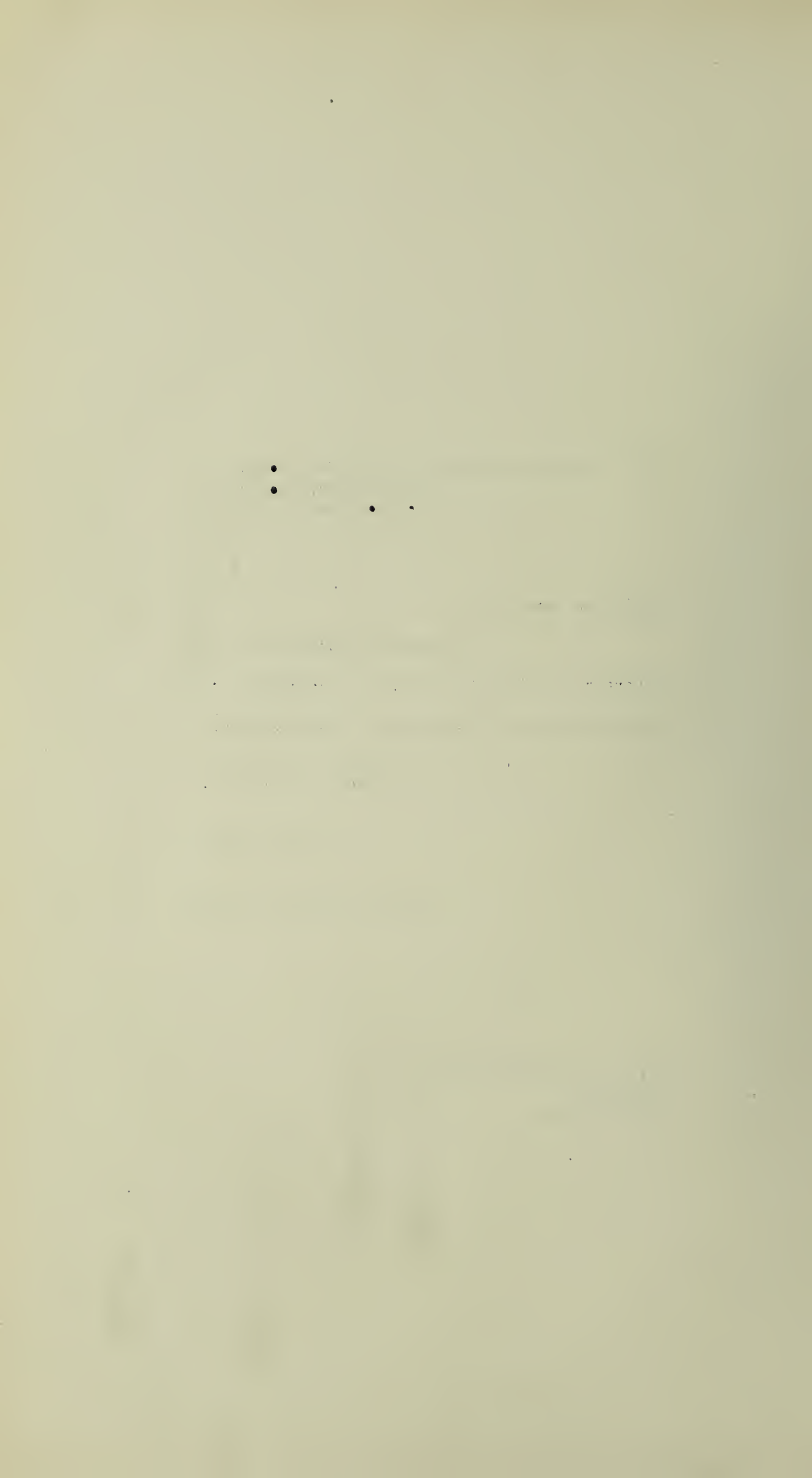
I herewith present the Annual
Report on the Health and Sanitary conditions of the
County for the year ending 31st December 1946.

I am,
Yours faithfully,

J. LANDESS HORNE,

MEDICAL OFFICER OF HEALTH

Public Health Department,
DINGWALL.
October 1947.



I N T R O D U C T I O N

During 1946 there were no outstanding Public Health occurrences. The end of the war resulted in a gradual closing down of service camps and a natural reduction in the infectious disease cases occurring in the area. The Infantile Mortality figure remained at a fairly low level, and there was no maternal death for the year under review. The incidence of pulmonary tuberculosis, although high, showed a reduction from the previous year, with a corresponding lessening towards the end of the year in the number of patients awaiting hospitalisation.

As mentioned in earlier reports, housing is still by far the major problem, and along with it goes the need for adequate and safe water supplies, sadly lacking in many areas of the County.

VITAL STATISTICS.

Estimated Population by the Registrar-General to middle of June 1946 60,114.

Death rates are based on civilian deaths and civilian population, but the population used in estimating birth rates and marriage rates include an allowance for persons in the Armed Forces.

BIRTHS.

The total number of live births registered in the County during the year 1946 was 1,075. After adjustment of those to be transferred (281 in and 235 out), there is obtained the correct number of births belonging to the County amounting to 1,121 (males 582, females 539).

Of the above, 98 were illegitimate.

STILL-BIRTHS.

Total number of still births registered in the County during the year was 29. After adjustment of those to be transferred (13 in and 15 out), the correct number of still births belonging to the County is 27 (14 males and 13 females).

BIRTH RATES.

Live birth rate corrected for transfer ..	18.2 per 1000 estimated population.
Illegitimate birth rate	8.7 per 100 live births.
Still-birth rate	24 per 1000 total births.

ALL SCOTLAND.

Birth rate	20.3
Illegitimate birth rate	6 6
Still-birth rate ..	32

BIRTHS 1946.

	Number registered live births	Corrected number		Total	Rate per 1000 of population
		Male	Female		
Cromarty	25	5	8	13	
Dingwall	212	30	24	54	
Fortrose	8	8	5	13	
Invergordon	11	14	6	20	
Tain	25	23	15	38	
Stornoway	123	46	35	81	
Remainder of County	671	456	446	902	
Total for County (including Illegitimate, - 98)	1075	582	539	1121	18.2

Marriages/

MARRIAGES, 1946.

The marriage rate for 1946 was 5.6. Total number of marriages 346.

Total for the County. 346	Rate per 1000 of Population. 5.6.
Gromarty.	5
Dingwall.	54
Fortrose.	5
Invergordon.	11
Tain.	32
Stornoway.	45
Remainder of County.	194 - 346

The marriage rate for all Scotland is 8.9 per 1000 of population.

The number of marriages in 1945 was 364 and the rate per 1000 of population 5.8

DEATHS.

The total number of deaths registered (from all causes) in the County for the year 1946 was 793. After adjustment for transfer (159 in and 76 out) there is obtained the correct number of deaths belonging to the County amounting to 876. (420 males and 456 females).

DEATH RATES.

Death Rate (All causes).	14.6 per 1000 estimated population.
Corrected Death Rate after adjustment for age and sex distribution.	10.3 do.
Death Rate, Tuberculosis (all causes)	0.78 do.
Death Rate, Tuberculosis respiratory system.	0.70 do.
Infantile Mortality.	39 per 1000 live births.

SCOTLAND.

Death Rate.	13.1 per 1000 estimated population.
Death Rate, Tuberculosis (all causes)	0.79 do.
Death Rate, Tuberculosis respiratory system.	0.64 do.
Infantile Mortality.	54 per 1000 live births.

DEATHS/

DEATHS 1946 (Corrected).

	Deaths. Registered.	As Corrected.		Total.
		Males.	Females.	
Whole County.	793	420	456	876
Gromarty.	10	5	5	10
Dingwall.	44	16	16	32
Fortrose.	12	7	9	16
Invergordon.	9	8	9	17
Tain.	20	14	10	24
Stornoway.	77	22	29	51
Remainder of County.	621	348	378	726
Total.	793	420	456	876

CAUSE OF DEATH (Corrected for Transfer)

Whole County

DISEASES	CROMARTY	DINGWALL	FORTROSE	INVERGORDON	TAIN	STORNOWAY	REMAINDER OF COUNTY	TOTAL FOR 1946	TOTAL FOR 1945
Typhoid Fever.	-	-	-	-	-	-	-	-	-
Measles.	-	-	-	-	-	-	-	-	1
Scarlet Fever.	-	-	-	-	-	-	-	-	1
Whooping Cough.	-	-	-	-	-	-	1	1	-
Diphtheria.	-	-	-	-	-	-	1	1	-
Influenza.	-	-	-	-	-	-	8	8	4
Cerebro-spinal fever.	-	-	-	-	-	-	-	-	-
Other Epidemic Diseases	-	-	-	-	-	-	-	-	-
Tuberculosis of Respiratory System.	-	1	-	1	1	1	38	42	39
Meningitis, disease of spinal cord.	-	-	1	-	-	-	3	4	-
Other Tuberculous Diseases.	-	-	-	-	-	-	5	5	14
Other Infection & Parasitic Diseases.	-	-	-	-	-	1	3	4	7
Cancer, Malignant disease.	1	5	4	4	4	11	108	137	102
Diabetes Mellitus.	-	1	-	-	-	1	4	6	6
Other General Disease.	-	-	1	-	1	-	10	12	19
Cerebral Haemorrhage, etc.	1	3	2	2	1	11	77	97	112
Tumours, non-malignant.	-	-	-	-	-	-	4	4	2
Other Diseases of Nervous System.	-	-	1	-	-	-	20	21	17
Heart disease.	1	13	2	3	6	8	193	226	174
Other Circulatory Diseases.	-	-	-	-	-	-	15	15	16
Bronchitis.	-	2	1	-	-	1	16	20	25
Pneumonia (all forms).	-	1	-	-	1	-	19	21	20
Other Respiratory Diseases.	-	-	1	1	-	-	10	12	13
Gastric & Duodenal Ulcer.	-	-	-	-	-	1	3	4	10
Diarrhoea (all ages).	-	-	1	-	-	-	4	5	8
Appendicitis.	-	-	-	-	-	-	1	1	3
Cirrhosis of liver.	-	-	-	-	-	-	2	2	3
Other diseases of liver.	-	-	-	-	-	1	6	7	5
Other digestive diseases.	-	-	-	-	-	-	10	10	12
Acute & Chronic Nephritis.	-	-	-	2	1	5	12	20	21
Other diseases of Genito- urinary system.	1	-	-	1	1	-	12	15	14
Rheumatism, acute.	-	-	-	-	-	-	-	-	1
Puerperal Sepsis.	-	-	-	-	-	-	-	-	-
Other Puerperal Causes.	-	-	-	-	-	-	1	1	2
Diseases of Skin & Organs of Movement.	-	-	-	-	-	1	1	2	4
Congenital debility, premature birth, malformation, etc.	-	3	-	2	-	1	20	26	19
Road accidents.	-	-	-	-	-	-	3	3	3
Eld Age.	4	1	1	1	7	6	81	101	94
Suicide.	1	-	-	-	-	-	3	4	2
Other Violence.	-	2	-	-	-	2	11	15	30
Causes ill-defined or unknown.	1	-	1	-	1	-	18	21	31
Venereal disease.	-	-	-	-	-	-	3	3	2
TOTALS	10	32	16	17	24	51	726	876	836

Including - typhus fever, smallpox, dysentery, erysipelas, acute poliomyelitis and encephalitis lethargica.

AGES/

AGES AT DEATH

Age Groups	Cromarty	Dingwall	Fortrose	Inver- gordon	Tain	Sornoway	Remainder of County	Total
Under 1	-	3	-	2	-	1	38	44
1 - 4	-	1	-	-	-	-	7	8
5 - 9	-	-	-	-	-	-	1	1
10 -14	-	-	-	-	-	-	2	2
15 -24	-	-	-	-	1	-	18	19
25 -34	-	-	1	-	-	1	19	21
35 -44	1	-	-	1	-	3	30	35
45 -54	-	4	-	2	1	4	40	51
55 -64	3	4	2	2	4	6	73	94
65 -74	-	8	5	3	6	12	150	184
75 -84	4	6	7	4	8	18	225	272
85 and over	2	6	1	3	4	6	123	145
ALL AGES	10	32	16	17	24	51	726	876

RETURN/

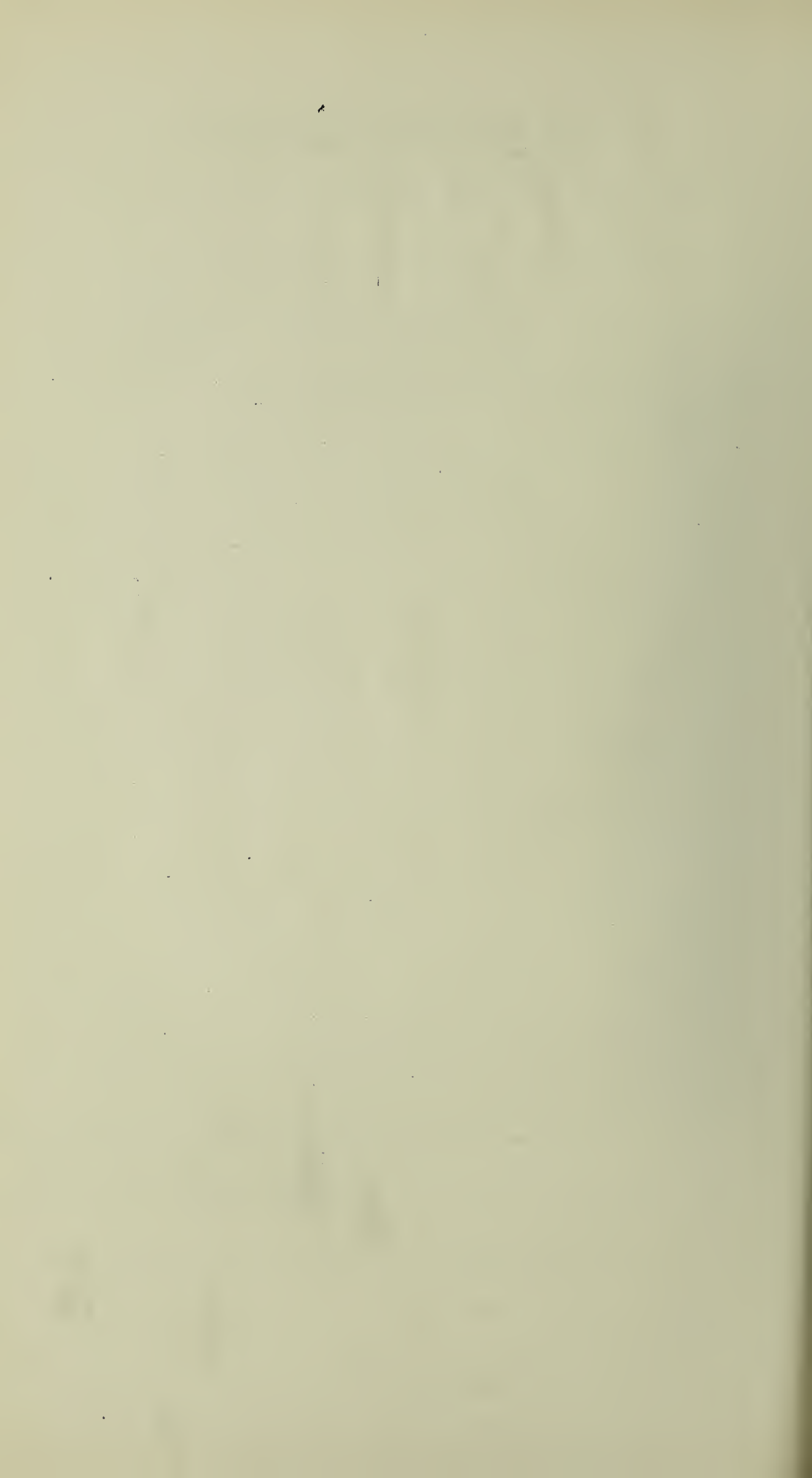
RETURN OF CASES OF INFECTIOUS DISEASES NOTIFIED
DURING YEAR ENDED 31st DECEMBER 1946.

Number of cases coming to the knowledge of the Medical Officer of
Health (Mainland).

Disease	All Ages - Years									Not Removed to Hospital
	At All Ages	Under 1	1- 5	5- 15	15- 25	25- 45	45- 65	65 and over	Removed to Hospital	
Cerebro-spinal Fever	3	-	1	1	1	-	-	-	3	-
x Chickenpox.	6	-	-	-	5	1	-	-	6	-
Cholera.	-	-	-	-	-	-	-	-	-	-
Continued Fever.	-	-	-	-	-	-	-	-	-	-
Diphtheria	21	-	5	7	5	2	1	1	21	-
Dysentery	6	-	1	-	1	4	-	-	4	2
Encephalitis	-	-	-	-	-	-	-	-	-	-
Lethargia.	-	-	-	-	-	-	-	-	-	-
Erysipelas	6	-	-	-	1	1	3	1	4	2
Jaundice,	-	-	-	-	-	-	-	-	-	-
Acute Infective	-	-	-	-	-	-	-	-	-	-
Malaria	2	-	-	-	-	2	-	-	2	-
x Measles	21	-	2	5	8	6	-	-	17	4
Ophthalmia	-	-	-	-	-	-	-	-	-	-
Neonatorum	-	-	-	-	-	-	-	-	-	-
Plague	-	-	-	-	-	-	-	-	-	-
Pneumonia,	-	-	-	-	-	-	-	-	-	-
Acute Influenzal.	9	-	-	1	-	-	5	3	-	9
Pneumonia,	-	-	-	-	-	-	-	-	-	-
Acute Primary.	-	-	-	-	-	-	-	-	-	-
Pneumonia (not otherwise notifiable)	47	3	3	11	6	13	9	2	39	8
Poliomyelitis,	-	-	-	-	-	-	-	-	-	-
Acute.	1	-	1	-	-	-	-	-	1	-
Puerperal Fever.	-	-	-	-	-	-	-	-	-	-
Puerperal Pyrexia	4	-	-	-	-	4	-	-	4	-
Scarlet Fever.	74	-	15	53	4	2	-	-	74	-
Smallpox	-	-	-	-	-	-	-	-	-	-
Tuberculosis,	-	-	-	-	-	-	-	-	-	-
Pulmonary.	37	-	-	-	15	13	6	3	29	8
Tuberculosis, non-Pulmonary.	20	2	3	8	3	3	1	-	16	4
Typhoid Fever.	-	-	-	-	-	-	-	-	-	-
Paratyphoid A.	-	-	-	-	-	-	-	-	-	-
Paratyphoid B.	4	-	1	2	-	-	1	-	4	-
Typhus Fever.	-	-	-	-	-	-	-	-	-	-
Whooping Cough.	1	-	1	-	-	-	-	-	1	-
TOTALS	262	5	33	88	49	51	26	10	225	37

x Not notifiable.
Of the above, 13 were applicable to H.M. Forces.

RETURN/



RETURN OF CASES OF INFECTIOUS DISEASES NOTIFIED
DURING YEAR ENDED 31st DECEMBER 1946.

Number of cases coming to the knowledge of the Medical Officer of
Health (Island of Lewis).

Disease	All Ages - Years								Removed to Hospital.	Not removed to Hospital.
	At All Ages	Under 1	1- 5	5- 15	15- 25	25- 45	45- 65	65 and over		
Cerebro-Spinal Fever.	2	-	-	1	-	1	-	-	2	-
Chickenpox.	-	-	-	-	-	-	-	-	-	-
Cholera.	-	-	-	-	-	-	-	-	-	-
Continued Fever.	-	-	-	-	-	-	-	-	-	-
Diphtheria.	-	-	-	-	-	-	-	-	-	-
Dysentery	13	-	-	1	3	7	1	1	4	9
Encephalitis	-	-	-	-	-	-	-	-	-	-
Lethargica.	-	-	-	-	-	-	-	-	-	-
Erysipelas.	16	-	-	1	1	5	7	2	2	14
Jaundice,	-	-	-	-	-	-	-	-	-	-
Acute Infective.	-	-	-	-	-	-	-	-	-	-
Malaria	-	-	-	-	-	-	-	-	-	-
Measles.	-	-	-	-	-	-	-	-	-	-
Ophthalmia	-	-	-	-	-	-	-	-	-	-
Neonatorum.	-	-	-	-	-	-	-	-	-	-
Plague	-	-	-	-	-	-	-	-	-	-
Pneumonia,	-	-	-	-	-	-	-	-	-	-
Acute Influenzal.	1	-	-	-	1	-	-	-	1	-
Pneumonia,	-	-	-	-	-	-	-	-	-	-
Acute Primary.	19	-	2	2	4	2	4	5	3	16
Pneumonia (not otherwise notifiable).	1	1	-	-	-	-	-	-	-	1
Polio-myelitis,	-	-	-	-	-	-	-	-	-	-
Acute.	-	-	-	-	-	-	-	-	-	-
Puerperal Fever.	-	-	-	-	-	-	-	-	-	-
Puerperal Pyrexia.	2	-	-	-	-	2	-	-	2	-
Scarlet Fever.	1	-	-	1	-	-	-	-	-	1
Smallpox.	-	-	-	-	-	-	-	-	-	-
Tuberculosis,	-	-	-	-	-	-	-	-	-	-
Pulmonary.	62	-	-	1	30	25	5	1	27	35
Tuberculosis,	-	-	-	-	-	-	-	-	-	-
non-Pulmonary.	7	-	1	1	2	2	1	-	4	3
Typhoid Fever.	1	-	-	-	-	1	-	-	1	-
Paratyphoid A.	-	-	-	-	-	-	-	-	-	-
Paratyphoid B.	-	-	-	-	-	-	-	-	-	-
Typhus Fever.	-	-	-	-	-	-	-	-	-	-
Whooping Cough	-	-	-	-	-	-	-	-	-	-
TOTAL	125	1	3	8	41	45	18	9	46	79

DISEASES/

DISEASES NOT NOTIFIABLE.

In addition to the notified cases treated in Hospital (mainland) the following cases of non-notifiable diseases were also treated in Hospital.

Bronchitis.	5
Chest Investigation.	4
Coryza.	2
Croup.	1
Debility.	3
Dermatitis.	1
Enteritis.	7
Glandular Fever.	4
Infectious Hepatitis.	1
Influenza.	5
Intra-thoracic & Abdominal Glands.	1
Laryngitis.	1
Marasmus.	1
Mediastinal Glands.	1
Meningitis.	1
Mumps.	6
Pleurisy.	9
Pul-Infarction.	1
Pyrexia.	1
Quinsy.	3
Septicemia.	1
Septic Hand.	1
Scabies.	7
Spontaneous Pneumothorax.	1
Stript Throat.	3
Tonsillitis.	3
Ulcer of Lip.	1
Urithritis.	4
Urticaria.	1
Vaginitis.	6
Vincent's Angina.	6
Venereal Disease.	1
Investigation.	6
	<hr/>
	99

INFECTIOUS DISEASES.

Cerebro-spinal Meningitis.

During the year 5 cases (2 Lewis) were notified, all of whom were treated in hospital. There were no deaths.

This disease, so prevalent on the Mainland during the early years of the War, occurs now sporadically. If cases are discovered early and removed to hospital, recovery usually occurs.

Chickenpox.

This is not a notifiable disease in the County, but during the year 6 cases on the mainland were brought to the attention of the Department and treated in hospital. During the year several ships arrived in this Country from abroad, having on board contacts of cases of smallpox. As a result of this, cases of chickenpox in adults were carefully scrutinised to make sure that the diagnosis was in fact chickenpox, and not smallpox.

Diphtheria.

During the year 21 cases were notified (Lewis nil) and all were treated in hospital. There was one death. The figures for 1945 were 23 (Mainland 22, Lewis 1). Except for the case that died, and for two other members/

members of the same family group, (all not immunised) the infections were mild. Diphtheria immunisation has definitely reduced the incidence of typical diphtheria, but from the cases admitted to hospital during the year under review, it would appear that, diphtheritic "sore throat" can occur in the immunised with very little general upset.

Diphtheria Immunisation.

The material necessary for the carrying out of Diphtheria Immunisation is still available free under the Scheme and, during the year, 224 children were immunised (104 school and 120 pre-school).

Up till the end of December, 1946, the total number of children immunised against diphtheria since the beginning of the scheme was:-

	<u>Mainland.</u>	<u>Lewis.</u>	<u>Total.</u>
School children.	4953	3817	8770
Pre-school children.	1586	689	2275
	6539	4506	11045

Dysentery.

The number of cases of this disease notified in 1946 was 19 (Mainland 6, Lewis 13) 9 of whom were treated in hospital: as compared with 12 and 19 respectively in 1945. Although this disease can be very deadly in young children, the cases seen during the year were not of the hyper-toxic type. The casual organism was usually of the Sonne' strain.

Encephalitis Lethargica.

No cases of this disease were brought to the attention of the Department during the year 1946.

Erysipelas.

22 cases were notified during the year 1946. (Mainland 6, Lewis 16), 6 being treated in hospital. The figures for 1945 were 7 and 6 respectively. This disease responds immediately to modern treatment with the result that few complications are now noted, and recovery usually occurs.

Infectious Hepatitis.

Sporadic cases of this condition occurred throughout the area during 1946, but only one case was admitted to hospital. Although this infection is usually of a benign nature, severe complications can occur, and some of the patients admitted in previous years were sharply ill.

Infective Jaundice.

No cases of this disease were brought to the attention of the Department during the year 1946.

Malaria.

During the year 1946, 2 cases (Mainland) were notified. These were service cases and both were hospitalised. A like number occurred in 1945 (Mainland).

Measles/

Mumps.

This is not a notifiable disease in the County. During the year 1946, the number of cases notified was 21 (Mainland), 17 of which were treated in hospital as against 58 in 1945 (Mainland).

Ophthalmia Neonatorum.

No cases of this disease were notified during the year 1946.

Pneumonia (Acute Influenzal).

10 cases were notified during the year 1946. (Mainland 9 Lewis 1) compared with 2 and 15 respectively in 1945.

Pneumonia (Acute Primary).

66 cases (Mainland 47, Lewis 19) were notified during the year 1946, compared with 14 and 14 respectively in 1945.

Pneumonia (Not otherwise notifiable).

1 case was notified during the year 1946. (Mainland 0, Lewis 1) as compared with 21 (Mainland) in 1945.

Infections of the lungs (apart from tuberculosis), causes quite a number of deaths in the county each year. During 1946 a total of 58 such deaths occurred - bronchitis 25; pneumonia 20; other respiratory diseases 13 - Early diagnosis with early removal to hospital should at least reduce, in part, the yearly toll.

Poliomyelitis (Acute Anterior).

During the year 1946, 1 case of this disease was notified compared with none in 1945. As mentioned in previous reports, this condition is seldom diagnosed in its early phase, except during epidemics, but it is a disease that can spread among children and young adults. It should always be admitted to an isolation hospital, and should never be left in an open ward with other cases.

Puerperal Fever.

As in 1945, no cases of this disease were notified during the year 1946. This condition is one of those which have been practically completely controlled by modern therapeutic measures, and from being one of the most prominent causes of deaths among mothers it has long since ceased to be a Public Health problem.

Puerperal Pyrexia.

6 cases of this disease were notified during the year 1946 (Mainland 4, Lewis 2), compared with 9 on the mainland in 1945.

Scarlet Fever.

During the year 1946, 75 cases were notified (74 Mainland, 1 Lewis) compared with 95 and 11 respectively in 1945. As in all previous years there has been on the Mainland, a constant recurrence of sporadic cases as well as mild outbreaks. It would appear that only a small proportion of the child population at risk, develop the disease each time and that the infection may come and go in an area several times in the one year, missing children in the first visitation but affecting the self same children on its next visit. In some instances members of the same family may be affected but with an interval of months between. The characteristic of the disease has been, up till now, that of a carrier borne infection but, at any time, the carrier may occur on the staff of a dairy farm, with resultant possibilities of much more acute and localised outbreaks. There were no deaths in the year under review.

Typhoid/

Typhoid Fever.

No cases of this disease were notified during the year 1946. On the Island of Lewis, one suspected case was admitted to hospital but the diagnosis was not confirmed by bacteriological examination.

Paratyphoid B.

4 cases of this disease were notified during the year 1946 (Mainland), compared with 14 in 1945. (Lewis 12, Mainland 2).

The four cases admitted to hospital during 1946 were children and it is interesting to note that the outbreak was related to contamination of milk (private supply) by a carrier. That the outbreak was not greater in extent was fortuitous, as probably the whole milk supply, or at least half of it, was contaminated. It so happened except for that quantity consumed raw by the children, the rest was used with tea or was heat treated for the production of other dishes. If this had not been the case, the number of cases might well have been in the hundreds.

Smallpox.

No cases of smallpox or suspected smallpox were notified during the year 1946.

During the year several contact cases on ships from abroad were brought to the attention of the Department. These were all kept under close observation, but none contracted the disease.

Undulant Fever.

No cases of this disease were notified during the year. This is another milk borne infection, taking the form of contagious abortion in cows. As the disease is both non-notifiable and can occur in a very mild form, it is probable that cases do occur although knowledge of them does not always reach the Public Health Department.

Whooping Cough.

Only 1 case (Mainland) was notified during the year 1946, compared with 3 in 1945. (Mainland).

Immunisation against this disease has not got the same popularity as that against diphtheria. yet one feels very strongly that if there is any disease from which a child should be protected, it is in this distressing condition, even although the immunity produced falls short in efficiency to that produced by diphtheria immunisation.

The Public Health Committee gave permission several years ago, for a free issue of prophylactic and lead Scotland (and for that Britain) in this venture but, unfortunately, few doctors believe the procedure to have much value, yet one is pleased to note the increased enquiry on the subject by mothers of young children.

PORT SANITARY ADMINISTRATION.

Nothing has occurred throughout the year which calls for attention. Both at Stornoway and Invergordon, ships call from Foreign Ports but, during the year under review, crews of these ships appear to be in good health on arrival at these ports.

MEDICAL CONSULTANT.

Dr. D. Leys who was appointed Medical Consultant in 1938 for the Northern/

Northern Counties, resigned his appointment as at 12th November, 1946.

Dr. Scott, Deputy to Dr. Leys, now holds appointment as Consultant, along with Dr. Stanley Alstead, M.D., F.R.C.P., F.R.F.P.S., who was recently appointed.

Dr. Leys was a man of outstanding ability. His knowledge of medicine was deep, and he brought to the area a scientific outlook to the problems of diagnosis and treatment of disease. I do not think one can overestimate his influence on medicine in the Highlands. His calibre was equal to and, in some respects, surpassed the professional standards of University Schools. His writings and publications were prolific and, it was with real regret one learned of his decision to return once again to the south.

On Dr. Ley's retirement from the post of Consultant, it was decided that the amount of work to be done warranted two Consultants instead of the one hitherto, and Drs. Scott and Alstead were appointed.

Dr. Scott is a graduate of Glasgow University and, among other places, has studied at the Mayo Clinic, America.

Dr. Alstead, a graduate of Liverpool University was, prior to coming to the area, Consultant to Stobhill Hospital, Glasgow, and Assistant to the Professor of Materia Medica, Glasgow University.

TREATMENT OF SICK POOR.

REPORT BY CHIEF PUBLIC ASSISTANCE OFFICER.

For the past number of years there has been a steady, gradual decrease in the number of applications for Outdoor Relief with a consequent fall in the number on the Roll of Poor. The decrease in the main is principally due to the fact that, during the years of war, many of the tinker tribe, who are prone to apply for Relief, were in H.M. Services, and their dependents were in receipt of the appropriate army allowance. Since their demobilisation, they have been able to find employment in many different schemes. In August, 1943, the Government, through the Assistance Board, made provision for widows with dependents, who were in receipt of a Widow's Pension, being eligible for a Supplementary Pension. This allowed all widows in this category being taken off the Roll of Poor. The number, while not large, was responsible for decreasing the number on the Roll.

The number of able-bodied applications was negligible, and it is not anticipated that with the present Assistance Board arrangements for dealing with these persons, that the number will increase.

The number of vagrants applying for Relief and a night's shelter shows a marked decrease. When the area was protected under the Defence Regulations, vagrants had difficulty in entering the area, and consequently, the number applying for Relief was considerably less. With the up-lifting of the Protection, it was thought that the flood of vagrants would again commence, but this, so far, is not the case. Another factor which has kept the vagrant figure so low is the discontinuance of model Lodging houses in Dingwall. The number applying in 1938 was 2,666 and in 1946, 270.

Impending legislation forecasts that in the near future Outdoor Relief will become a National Charge.

Geo. D. MACDONALD,

Chief Public Assistance Officer.

STATEMENT/

STATEMENT OF REGISTERED POOR CHARGEABLE

YEAR ENDING 31st DECEMBER 1946.

Classification	Poor Persons	Depend- ents	Total.
Outdoor Ordinary poor.	825	360	1185
do for medical relief only.	224	59	283
Indoor Ordinary Poor.	97	14	111
Outdoor Able-bodied Poor.	-	-	-
Boarded Out Children.	54	-	54
Total.	1200	433	1633
Lunatics in Asylum.	297	-	297
Lunatics in Coulregroin, Lewis.	15	-	15
Mental Defectives.	50	-	50
Boarded-Out Lunatics.	60	-	60
Total.	422	-	422
<u>Cases residing Outwith County:-</u>			
Outdoor Ordinary Poor.	93	64	157
do for medical relief only	2	-	2
Indoor Ordinary Poor.	33	-	33
Lunatics in Asylum.	6	-	6
Mental Defectives.	23	-	23
Boarded-Out Lunatics.	7	-	7
Total.	164	64	228
Grand Total.	1786	497	2283

Claims from other Authorities.

Claims received	179
Statutory Notices received	80
Admitted	163
Refused	14
Withdrawn	2

Claims against other Authorities.

Claims made	64
Successful	53
Refused	9
Withdrawn	2

APPLICATIONS FOR RELIEF.

NUMBER OF APPLICATIONS FOR PUBLIC ASSISTANCE.

District.	Number of Applicants	Withdrawn by Applicant	Relief Offered not Acceptable	Refused by Committee	Relief Granted			Total.
					Out- door.	In- door.	Institutional Lunatic, etc	
Avoch.	18	-	-	-	16	2	-	18
Dingwall.	40	-	-	-	29	8	3	40
Febern.	5	-	-	-	5	-	-	5
Fortrose.	9	1	-	-	4	4	-	9
Gairloch.	7	-	-	1	3	-	3	7
Invergordon.	25	-	-	-	22	3	-	25
Lewis.	227	6	1	2	189	21	8	227
Lochbroock.	-	-	-	-	-	-	-	-
Lochcarron.	4	-	-	-	2	-	2	4
South Western.	13	-	3	-	6	3	1	13
Tain.	23	-	-	-	8	13	2	23
Muir of Ord.	33	-	-	1	19	7	6	33
Total for Year.	404	7	4	4	303	61	25	404

DRUGS - SICK POOR.

During the year 1946, 207 prescriptions were dispensed for Sick Poor cases at a total cost of £120.7.6d.

INSULIN.

11 persons were supplied free with 118,000 units of Insulin under the Public Health (Scotland) Amendment Act, 1925, compared with 11 and 125,000 units.

SCHOOL MEDICAL TREATMENT.

A report, under separate cover, is published yearly in respect of this service.

SCHOOL CLOSURES.

There were no Schools closed (on the Mainland) at the instigation of the Medical Officer of Health during 1946. It is now recognised that, except in rare instances, school closures have practically no effect in the prevention of epidemics and lead to unnecessary loss of education. Each school closure handicaps a non-infected child to the same extent as if it suffered from the disease, and the handicap is repeated every time the school is closed.

HOSPITAL SERVICES.

The County Hospital, Invergordon, which was occupied by the Admiralty (as Royal Naval Auxiliary Hospital) on the outbreak of war (3rd September, 1939) was handed back to the County Council in December, 1946. The patients in the temporary hospital at Strathpeffer were transferred to the County Hospital, Invergordon, on 13th December, 1946.

On December 31st 1946, the Sanatorium section was still at Maryburgh, but was preparing to be transferred to Invergordon early in 1947.

AMBULANCE SERVICES.

Infectious Diseases.	Two for Mainland at County Hospital.
	One for Stornoway at Lewis Sanatorium.

In addition to the above there are ambulances (the gifts of the Red Cross and St. Andrew's Ambulance Association) situated at

Dingwall.
Gairloch.
Fortrose.
Ullapool.
Stornoway.

These are controlled and maintained by Local Ambulance Committees.

There is also an ambulance at Tain, run by a Local Ambulance Committee.

The ambulances at Gairloch, Fortrose and Stornoway are recent acquisitions obtained through the generosity of the County Red Cross Association or St. Andrew's Ambulance Association. One of the defects of the Highlands and Islands Medical Service was the lack of provision of ambulances in the Western Area of the County, and it was often only after great difficulties had been surmounted, that the doctor was able to get his case to hospital. Except for the Kyle and Lochcarron areas, which have a train service, most areas of the County are now covered. In the Lewis during the greater part of the war, there was no public ambulance, and the conveyance of patients to the Lewis Hospital was done, in the main, by the County Council Ambulance, centered at the County Hospital, Stornoway.

MATERNITY/

MATERNITY AND CHILD WELFARE SERVICES.
MATERNITY SERVICES (SCOTLAND) ACT, 1937.

Following on the resignation of Dr. Thomas MacGregor, Obstetrician for the Northern Areas, the suggestion was made by the Department of Health for Scotland that, owing to the increased work, two obstetricians should be appointed for the Northern Areas, and at a meeting of the representatives of the Local Authorities held in Inverness the suggestion was agreed to, and the following joint Obstetrical and Gynaecological Specialists were appointed:-

Dr. Andrew D. Hay, M.D., Ch.D., M.R.C.O.G. (Glasgow)
Dr. James A. Chalmers, M.D., F.R.C.S., M.R.C.O.G. (Birmingham)

They are required to make their services as Gynaecologists available within the areas (Caithness, Sutherland, Moray and Nairn, Ross and Cromarty, Inverness County and the Royal Burgh of Inverness) to patients of the Crofter and Cottar classes and their families and dependants, to insured persons and their families and dependants and to others in like circumstances within the scope of the Highlands and Islands (Medical Services) Scheme. - These services may be tendered in Local Hospitals as well as within the Royal Northern Infirmary - For such services the maximum fees chargeable to the patients shall be as follows:

(a) Major Operations.	£5. 5. 0.
(b) Minor Operations requiring general anaesthetic.	2. 2. 0.
(c) Minor operation requiring local anaesthetic.	1. 1. 0.
(d) Abortion or miscarriage (according as general anaesthetic is, or is not required.)	2. 2. 0. or £1. 1. 0.
(e) Consultations.	2. 2. 0.

where an anaesthetic is required, the fee payable for this service by patients of the classes mentioned shall not exceed £1.1/-.

No addition to such fees may be made in respect of travelling expenses.

NOTE:- The Highlands and Islands (Medical Services) Scheme does not apply to Moray and Nairn.

As regards obstetrical work done on behalf of the County's Domiciliary Maternity Scheme, no fee is chargeable to the patient, this being covered by the comprehensive fee paid by the County Council in respect of all the relevant care carried out during pregnancy.

DOMICILIARY MATERNITY SCHEME.

This provides for the ante-natal and post-natal care of pregnant women in their own homes. It includes free consultant service and a free laboratory service, as well as the services of doctor and nurse. Except in necessitous cases hospitalisation is a separate charge and applies, of course, to cases of emergency arising unexpectedly in the course of an otherwise normal confinement.

INFANTILE MORTALITY.

The number of deaths of Infants under one year of age was 44, giving a rate of 39 per 1000 live births, compared with 54 for all Scotland. The corresponding figures for 1945 were 36 and 56 respectively.

DEATHS/

DEATHS UNDER ONE YEAR.

Whooping Cough.	...	...	...	...	1.
Influenza.	...	...	...	...	1.
Other Infections or parasitic diseases.	...			...	2.
Meningitis - Disease of spinal cord.	...			...	2.
Other diseases of nervous system.	...	...		...	2.
Pneumonia.	...	...	...	...	3.
Diarrhoea.	...	...	...	...	2.
Other digestive diseases.	...	...	...	...	3.
Congenital debility, Premature births etc.	...			...	26.
Other violence.	...	...	...	...	2. -- 44.

Although the infantile mortality figure compares favourably with most areas, close on a quarter of the deaths are due to infections of various types, and can, therefore, be classed as preventable. An infantile mortality rate of 25 - 30 is not outwith the bounds of possibility, but, so far, last years figure of 36, was the lowest recorded for the area.

MATERNAL MORTALITY.

During the year under review, there were no deaths from diseases or accidents of pregnancy or parturition.

MIDWIFERY AND NURSING.

Nursing on the Mainland part of the County is administered by a central Nursing Federation. A special local committee of the County Council administers nursing in the Lewis.

The following shows the number of Nurses in the County:-

	<u>Mainland.</u>	<u>Lewis.</u>
Local Nursing Associations.	30	20
Estate Nurses &c.	2	1
Stornoway Burgh Nursing Association.	-	1
Private Nurses (Midwifery).	3	-

On the Mainland most nurses have motor transport but this is not the case in the Lewis. One feels that all district nurses, except perhaps in the case of those whose duties are restricted to a Burgh, should be so equipped.

TOTAL BIRTHS.

Number of live births applicable to
County and corrected for transfer
(including 98 illegitimate). 1121.

Given a birth-rate of 18.2 per 1000 of the population compared with 15.2 in 1945.

	<u>Mainland.</u>	<u>Lewis.</u>
(a) Total number of births occurring in the area during year.	590	485
Total still births.	<u>8</u>	<u>18</u>
	598	503

(b) Number of births in (a)
classified according to
nature of attendance
at confinement:-

(i)/

	<u>Mainland.</u>	<u>Lewis.</u>
(i) Maternity (a) With doctor. Services Scheme (b) Without cases. doctor.	227 - -	- - -
(ii) Other domicil- iary cases (a) With doctor.	90	311
(b) With mid- wife alone.	51	129
(c) Conducted by out- door staff of Institutions.	-	-
(d) Without doctor or nurse.	-	1
(iii) Institutional Cases (including those in private Maternity and Nursing homes).	230	62

During the year 1946 the committee of the Ross Memorial Hospital, Dingwall, built a maternity block of 16 beds including labour room. This block affords the following accommodation:-

2 rooms	1 bed each.
2 "	2 beds "
2 "	3 beds "
1 "	4 beds.
1 labour room.	

During the year 1946, 200 children were born in this Institution.

This additional accommodation is a great asset to the area and will facilitate greatly the continuation of the very good work in the Maternity field carried out by this hospital, under difficult conditions during the war years.

REGISTRATION OF NURSING HOMES.

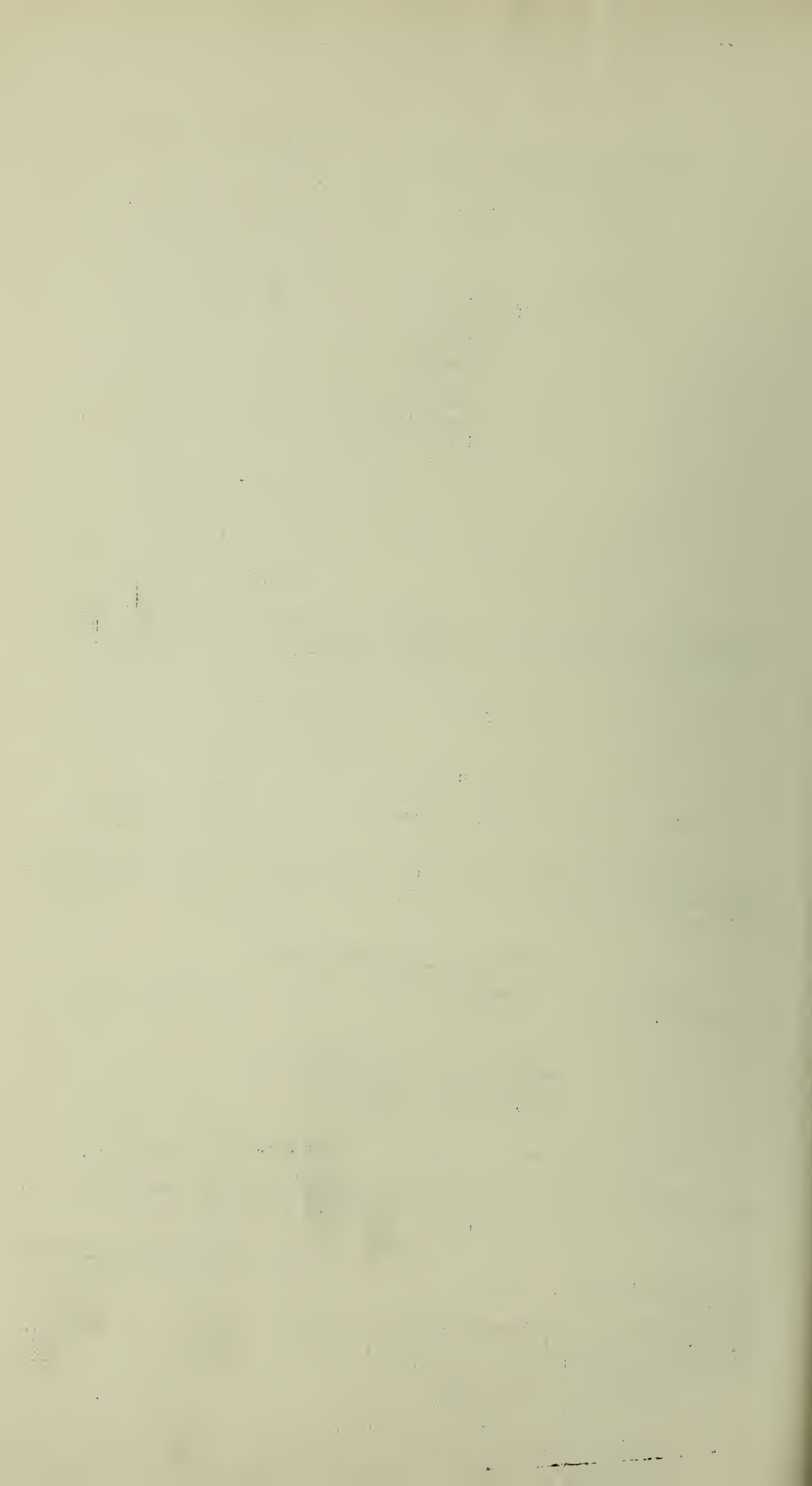
In terms of the Nursing Homes Registration (Scotland) Act 1938, the following operate in the County:-

Ross Memorial Hospital, Dingwall.
Cottage Hospital, Cromarty.
Milton House, Kildary.
Lewis Hospital, Stornoway.

All of which have been granted exemption in terms of the Act.

During the year 1946 the District Nurses dealt with the patients as shown and to whom they made visits as under:-

	<u>No. of Patients.</u>	<u>Visits.</u>
Tuberculosis Cases.	24	214
Sick Poor.	81	2154
School Children (apart from school inspections)	834	1372
Preschool Children (Maternity and Child Welfare)	1995	7776
Maternity Cases (in charge of Doctor)	415	8303
Anti-Natal visits	2885	
Post-Natal "	5418	
do. (in sole charge of Nurse)	15	123
Anti-Natal visits	43	
Post-Natal/		



	<u>No. of Patients.</u>	<u>Visits.</u>
Post-Natal visits	80	
Other patients (all cases not entered above)	2925	33290
Attendance at School Inspections.	449	
Number of Children examined.	12,609	

TUBERCULOSIS SERVICE.

The death rate from pulmonary tuberculosis during the year 1946 was 0.70 and from all forms of tuberculosis 0.78 per 1000 estimated population, compared with 0.68 and 0.92 in 1945.

The increase in the pulmonary death rate is less than one might have expected considering the marked increase in notifications over the period of the war years. Although methods of treatment have been extended, the lack of correlation between the notifications and the deaths, suggests that modern methods of diagnosis has resulted in the earlier finding of cases. Of these cases some benefit by treatment, while others, although benefiting from treatment would probably have healed on their own without any interference and without the patient being aware that he was infected.

Notifications of the pulmonary type of the disease were slightly lower for 1946 than for 1945 and much lower than during the war years. The general tendency should now be towards decline in the incidence of the disease, the decline being clearly related to early finding of cases and their removal to Hospital before they become infectious.

The incidence of non-pulmonary tuberculosis would appear to be fairly constant but this figure is not a very reliable guide as it is not customary to notify under this heading any but the definitely proven cases and therefore for every case of cervical glands notified there are at least 10 or more not notified. The incidence of glands of neck are clearly related to the incidence of tuberculosis in cows and it is important that the Medical Officer obtain reliable information concerning cases in order that he can set machinery going which will correlate the efforts of the Milk Officer, the Sanitary Inspector and the Veterinary Surgeon in tracking down the source of infection. In this respect we are grateful to Mr Urquhart and Mr Skea veterinary inspectors for the Department of Agriculture and Fisheries who promptly inspect herds under suspicion.

Hospitalisation of cases, was, during the year under review, difficult, and at times quite a number of cases were on the waiting list, some already in Hospitals of the south. In spite of this, the number of beds available both in relationship to the total population and to the number of deaths in the area, is up to approved standards and is higher than most places in Scotland. As the balance of cases arising out of war conditions are dealt with, the number of beds now available should suffice.

NOTIFIED/

NOTIFIED CASES OF TUBERCULOSIS.

The following table shows the number of Tuberculosis cases notified in 1946, geographically arranged, with comparative figures for 1945.

AREA	1946		1945	
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
Black Isle	5	1	5	1
Easter Ross	9	3	8	4
Mid Ross	9	6	10	4
South Western	6	1	2	1
Western	4	-	4	-
Dingwall Burgh	2	2	2	2
Cromarty	-	1	2	1
Fortrose	1	1	-	1
Invergordon	1	1	3	1
Tain	-	4	3	3
Total	37	20	39	18
Island of Lewis Lewis	59	7	62	14
Sternoway Burgh	3	-	8	4
Total	62	7	70	18
All County	99	27	109	36

LABORATORY SERVICE.

This county is one of the few in Scotland who offer a free laboratory service to its inhabitants. The work is carried out at the Royal Northern Infirmary Inverness under the direction of Dr. Kirkpatrick and one does not exaggerate when one states that the efficiency of the whole medical service of the area is based upon this laboratory.

I here append "unit value" figures for the last six years and also for 1937 for comparison. Also included is a short note by Dr. Kirkpatrick upon the meaning of "unit values" and how they are arrived at. A list of the different investigations which the laboratory may be called upon to do is also given. From the figures it will be abundantly clear how important the work of Dr. Kirkpatrick is to the area and how more and more the doctor calls for scientific aid in the making of his diagnosis and for the control of the treatment of his patient. This free service is an essential to the area and although its expansion is at present handicapped due to lack of accommodation, it is hoped that it will still retain its free character under the new Health Scheme.

PATHOLOGICAL/

PATHOLOGICAL SPECIMENS.

Statement of Laboratory investigations carried out for the Local Authority of Ross & Cromarty, for the under-noted years; expressed in terms of unit values.

<u>Year</u>	<u>Investigations (Total Unit Values)</u>
1937	2,552
1939	3,735
1942	9,456
1943	13,628
1944	14,130
1945	19,119
1946	16,923

The work of the Laboratory has been analysed in terms of the number of investigations of different kinds carried out, and in terms of "units of work" represented by the investigations. The conversion of "investigations" into "units of work" has certain advantages for the purpose of this Review. It expresses a fairly considerable body of laboratory records in a form which is easily summarised in order to compare the work of the Laboratory for the different periods under review. Further, by defining the meaning of the unit value in terms of a schedule of laboratory procedures, it provides corrected data, both for comparing the costs of this laboratory with the costs of other Laboratories in which the composition of the work may be similar or different, and for studying the distribution of the work and costs of this Laboratory amongst the different interests served, where the composition of the work is different.

The Ministry of Health's Circular No.2752 to "County Councils, County Borough Councils and other Authorities with hospitals in the Emergency Scheme, and all Voluntary Hospitals in the Scheme" includes a schedule which covers a wide range of laboratory investigations, in which unit values are assigned to the different types of investigations. With a few exceptions, the unit values appear to represent fairly closely the relative values of different kinds of laboratory procedures in time, material etc., and the Ministry's schedule has been used substantially as the basis of the analysis for this Review. Minor modifications were made in the schedule for greater convenience in applying the schedule to the practice in this Laboratory, and, in a few items for which unit values appeared to be too high or too low, the unit values were modified. For example, in the Ministry's schedule the Wassermann and Kahn Reaction, are listed as separate investigations, but in this Laboratory the two tests are regarded as a single investigation. The most important items for which unit values were modified are the Wassermann Reaction, the Widal Reaction and biopsy specimens.

For the Wassermann Reaction, the Ministry's 10 units were reduced to 6 units. For the routine Widal Reaction the Ministry's 9 units were reduced to 6 units. For biopsy specimens involving one block, the Ministry's 7 units were increased to 10 units.

Some types of investigations carried out in this Laboratory are not included in the Ministry's schedule. These items were added to the schedule and given appropriate unit values.

The modified schedule employed in the present analysis is included in this Review and the modifications are indicated in brackets.

A few examples of typical laboratory investigations are given below to illustrate the effect of expressing work in terms of "numbers of investigations" and "units of work".

<u>Type of Investigation.</u>	<u>Number of Investigations.</u>	<u>Number of units of work.</u>
Throat Swab: Examination for diphtheria bacillus alone.	1	1
Throat Swab: Examination for diphtheria bacillus, Streptococci and Vincent's organisms.	1	3
Sputum: Examination for the tubercle bacillus.	1	2
Sputum: Examination for the tubercle bacillus and general bacteriology.	1	7
Blood serum: Wassermann and Kahn Reactions.	1	8
Blood: Estimation of sugar content.	1	5
Blood Sugar Curve: Estimation of sugar content of 5 specimens of blood and 5 specimens of urine.	1	15
Biopsy specimens: Involving 1 block	1	10
Involving 2 blocks.	1	15
Involving 3 blocks or more.	1	20

Copy of Schedule of Laboratory Investigations and the unit values assigned to different types of investigations, in current use.

<u>No.</u>	<u>Test</u>	<u>Units</u>
1.	Agglutination: for one antigen (organism)	3
	: for each additional antigen (organism)	1
	: leptospirae.	6
	: Paul Bunnell test.	5
2.	Blood, alkali reserve.	6
3.	" , Arneth count.	5
4.	" , Bilirubin, van den Bergh test, quantitative.	4
	" , serum bilirubin (quantitative) alone.	2
	" , icteric index.	2
	" , van den Bergh test (qualitative)	3
5.	" , calcium estimations.	7
	" , cell count, R.B.C. and haemoglobin.	3
7.	" , chloride estimation.	4
8.	" , cholesterol estimation.	5
9.	" , coagulation time.	3
	" , bleeding time.	3
	" , clot retraction time.	4
	" , Hess' capillary resistance test	4
10.	" , Count (complete with differential film and haemoglobin estimation)	8
	" , partial count (the equivalent of half a blood count in any combination)	4
11.	" , corpuscular and mean corpuscular volume.	4
12.	" , creatinine.	5
13./		

No.	Test.	Units.
13.	Blood, culture.	5
14.	" , diastase estimation.	5
15.	" , fat estimation.	7
16.	" , film, differential count only.	3
17.	" , G.C. complement, deviation test.	10
	For each additional serum.	2
18.	" , grouping (per blood).	1
19.	" , haemoglobin estimation.	1
20.	" , Kahn reaction.	2
21.	" , for malaria or other parasites.	4
22.	" , matching for transfusion (per donor).	1
23.	" , phosphatase estimation.	15
24.	" , phosphates estimation.	6
25.	" , plasma protein, total.	7
26.	" , platelet count.	3
27.	" , prothrombin index.	4
28.	" , red cell fragility test.	5
29.	" , reticulocyte count.	3
30.	" , sedimentation rate.	3
31.	" , sugar estimation.	5
32.	" , sugar tolerance (2½ hour curve), blood and urine tests.	15
33.	" , sulphanilamide concentration:	
	For first specimen.	6
	For each additional specimen.	3
34.	" , urea estimation	5
35.	" , Uric acid estimation.	6
36.	" , Wassermann test.	10 (6)
37.	" , white cell count only.	2
38.	Cerebro-spinal fluid, bacteriological, for T.B.,	
	Gram film and culture.	5 (6)
	" , pyogenic organisms only.	4
	" , T.B. only.	3
39.	" , cell count, globulin, protein.	3
40.	" , chloride estimation.	2
41.	" , Lange gold curve, mastic, etc.	4
42.	" , sugar estimation.	5
43.	" , urea estimation.	5
44.	" , Wassermann test (per fluid, one in a batch).	2 (6)
45.	Calculi, qualitative chemical examination.	5
46.	Diphtheria, differentiation.	6
47.	Faeces, benzidine test for blood.	1
48.	" , culture for pathogenic bacteria.	6
	" , identification of intestinal pathogens submitted as culture.	3
49.	" , examination for T.B.	5
50.	" , microscopical exam. for ova, parasites food residues.	15 (11)
	" , microscopical examination for ova, worms or other parasites only.	7
	" , microscopical examination for food residues only.	4
51.	" , quantitative analysis of fats and fatty acids	15
52.	Gastric contents, 1 sample, microscopical exam.: acid and chloride estimations (or the equivalent)	4
53.	Guinea-pig inoculation for T.B. and preliminary microscopy.	10
	inoculation for other purposes (e.g. leptospirae)	10
54.	Hair or scales for fungi.	3
55.	Pregnancy, Zondek-Aschheim or Friedman test for,	10
56.	Pus or fluid, Gram film only.	2
57./		

<u>No.</u>	<u>Test.</u>	<u>Units.</u>
97.	Puncture fluids - protein content and specific gravity.	3
98.	- Rivalta's test.	2
99.	Spectroscopic examination of fluids.	10
100.	Urine - Ketosteroids.	10
101.	- Urobilinogen (quantitative)	10

Examination of Milk.

102.	Bacteriological examinations:	
	B. Coli and Viable organisms.	8
	Plate culture for pathogens plus Gram films.	5
	Microscopical examination for T.B.	3
103.	Chemical examinations:	
	Total solids and fat estimations.	10
	Estimation of fat content alone.	5
	Estimation of phosphatase.	5

Examination of Water.

104.	Bacteriological examination (B.Coli and Viable organisms)	15
105.	Chemical analysis.	30

SLAUGHTERHOUSES & MEAT INSPECTION.

Administration of sections 33 and 43 of the Public Health Act 1897, the Public Health (Meat) Regulations (Scotland) 1932 and the Public Health (preservatives, &c. in Food) Regulations work satisfactorily.

There are four Public Abattoirs in the County. These are situated at Dingwall, Tain, Invergordon, and Stornoway where most of the meat for home consumption and export is handled. That of Dingwall is the largest and all are under direct control of the Ministry of Food.

NUMBER OF ANIMALS SLAUGHTERED.

	Classes of Animals.	Slaughtered	Wholly Condemned	Partially Condemned	Weight (in lbs) of condemned meat
Dingwall	Cattle	1936	29	54	19,912
	Sheep	14091	8	20	609
	Calves	373	-	-	-
	Pigs	53	1	1	307
Invergordon	Cattle	583	9	2	4276
	Sheep	2881	9	1	579
	Calves	18	-	-	-
	Pigs	17	-	-	-
Tain	Cattle	738	11	9)	6388½
	Sheep	3603	10	3)	
	Calves	156	-	-)	
	Pigs	11	-	-)	
Stornoway	Cattle	1855	8	22	4829
	Sheep	15029	14	28	1063
	Pigs	53	-	-	655½
	Calves	296	-	-	-

PRIVATE SLAUGHTERHOUSES.

The total number of Private slaughter houses in the County is 19 (11 mainland 8 Lewis). These are licensed mainly for sheep only and are limited (on the mainland) to the West Coast, where adequate supervision is difficult. The premises are in every case small and primitive in design.

In regard to the mainland, Mr Brown Veterinary Surgeon reports as under:-

REPORT ON MEAT INSPECTION AT DINGWALL, INVERGORDON
AND TAIN SLAUGHTERHOUSES DURING THE YEAR 1946.

There has been no alteration in the meat inspection regulations during the year. The corned beef which is handled direct by the W.M.S.A. is also in the scope of the meat inspector.

In graded cattle, tuberculosis still accounts for the heaviest condemnations. Cirrhosis of the liver is also common and causes many whole and part livers to be condemned. In graded sheep liver fluke causes heavy condemnations. There are few pigs slaughtered in any of the slaughterhouses but here again tuberculosis of the head and tongue is the commonest complaint.

In the emergency slaughter of both cattle and sheep condemnations are heavy due to a very wide range of diseased conditions.

At certain times of the year fairly large numbers of very lean cows are sent in for slaughter and there has been some agitation to have this stopped but I fail to agree with that view as at present I see no better method of disposal of such animals. With the shortage of animal food-stuffs I think it much more economical to feed the available foodstuffs to animals which will convert it more economically into human food than to waste it on such poor thriving beasts.

There are two main points about the buildings which I feel are bad. They are:-

1. Lack of a separate hanging room for the carcasses. The killing room and the hanging room should be separate.
2. Lack of facilities to boil the cloths which are used to wash down the carcasses. It is wrong to wash down a tuberculosis carcass and then simply to wash out the cloth in hot or cold water and proceed to wipe down the next carcass.

The number of tuberculous animals met with in the slaughterhouses prompts me to make a few comments when one considers the following points:-

- (a) The loss of food to the County due to these condemnations.
- (b) The loss of animals from tuberculosis which never reach a slaughterhouse.
- (c) The lowered production from animals affected with tuberculosis.

Then it must be realised just how much animal tuberculosis is costing the country. But there is a far more serious aspect than the financial side of the question and that is the suffering and sorrow amongst human lives.

The policy of the country is far behind present day knowledge, too much time and money being wasted in a losing battle - chasing after the cow's tail! The veterinary profession have been requesting a much bolder policy/

policy for many years now with little success. Inspection of meat at slaughterhouses and heat treatment of milk etc., undoubtedly help but too much of our energy is being spent at the wrong end of the problem.

I feel sure that if all the Public Health Committees requested, or pressed for, through the appropriate channels, a new policy in keeping with present day knowledge, then far quicker steps would be taken to evolve such a policy which would not only be a blessing to the country but a financial economy.

(Sgd.) James A. Brown.

REPORT FOR YEAR ENDING 31st DEC. 1946, BY
SANITARY INSPECTOR AND HOUSING OFFICER (MAINLAND).

Milk and Dairies (Scotland) Act, 1914.

Milk (Special Designations) (Scotland) Order, 1936.

Throughout the year regular inspections of dairy premises have been carried out and samples for Bacteriological, Biological and Chemical Analysis have been taken.

Despite the difficulties in obtaining materials, much has been done to adapt and improve the premises of Dairy Farms, and producers are now appreciating the benefits to be obtained from the installation of boilers to give steam for sterilisation and for water heating purposes. The partial mechanisation of Dairying by the introduction of milking machines has made sterilisation by steam a necessity, in the interests of both the Producer and the Consumer.

At 31st December, 1946, the number of Registered Producers, Producer Retailers and Retailers was as follows:-

Producers.

Ordinary.	37	
Tuberculin Tested.	14	= 51

Retailers.

6

	<u>Ordinary</u>	<u>Tuberculin</u>	
		<u>Tested</u>	
<u>Producer Retailers</u>	20	2	
<u>Producers selling in bulk to</u> <u>North of Scotland Milk Marketing</u> <u>Board.</u>	17	12	
	37	14	= 51

The following table shows the definite improvement which has been made in the raising of the standard of milk production in the County, and much credit is due to those producers who have surmounted the difficulties in improving their premises, obtaining the necessary equipment and expending the money and time required to provide a herd which will ensure a clean and satisfactory milk supply to the community.

Table/

Table showing numbers of Designated and Ordinary Producers in 3 year periods.

	1940.	1943.	1946.
T.T.	-	7	14
Ord.	55	44	37
Total	55	51	51

No. of milk samples taken in 1946:-

Bacteriological Analysis.	124.
Biological.	9.
Chemical.	27.
Total.	<u>160.</u>

North of Scotland Milk Marketing Board.

I must refer again to the efficiency with which the Dingwall Depot of the North of Scotland Milk Marketing Board is run and to the helpful and co-operative attitude of the Manager and his Staff towards the officials of the Local Authority.

Every year the amount of milk handled by this Depot is increasing, as is clearly indicated by the following table. Distribution responsibilities are also increasing and judging by the lack of complaints, these responsibilities are being carried out to the satisfaction of the General Public.

During the past year the cold storage accommodation has been doubled and new bottling and washing machines installed.

Table showing gallonage of Tuberculin Tested and Ordinary milk passing through the Dingwall Depot North of Scotland Milk Marketing Board.

	1943.	1944.	1945.	1946.
T.T.	49,768	105,507	127,164	170,325
Ord.	75,427	66,668	45,630	86,028
Total Galls.	125,195	172,175	172,794	256,353

School Supplies, etc.

With the increased production of Tuberculin Tested Milk it has been possible to provide this milk for many more Schools, Canteens, Hospitals, etc., and the following receive daily supplies from the Dingwall/

Dingwall Depot, North of Scotland Milk Marketing Board.

132 gallons per day, in $\frac{1}{3}$ rd pint bottles for scholars, is delivered to the following schools:-

Alness.	Killoarnan.
Ardross.	Killen.
Avach.	Kilmuir.
Arpafeellie.	Kiltearn.
Conon.	Kinlochluichart.
Contin.	Knockbain.
Cromarty.	Lemlair.
Culbokie.	Logie.
Cullicudden.	Marybank.
Dingwall Academy.	Mulbuie.
Drumsittal.	Muir of Ord.
Fearn.	Munlochy.
Ferintosh.	Newhall.
Fodderty.	Nigg.
Fortrose Academy.	Pitcalzean.
Glenglass.	Saltburn.
Hilton.	Scotsburn.
Inver.	Swordale.
Invergordon Academy.	Tain Academy.
Tain Public School.	Tarbet West.
Tarbet.	Tore
	Ussie.

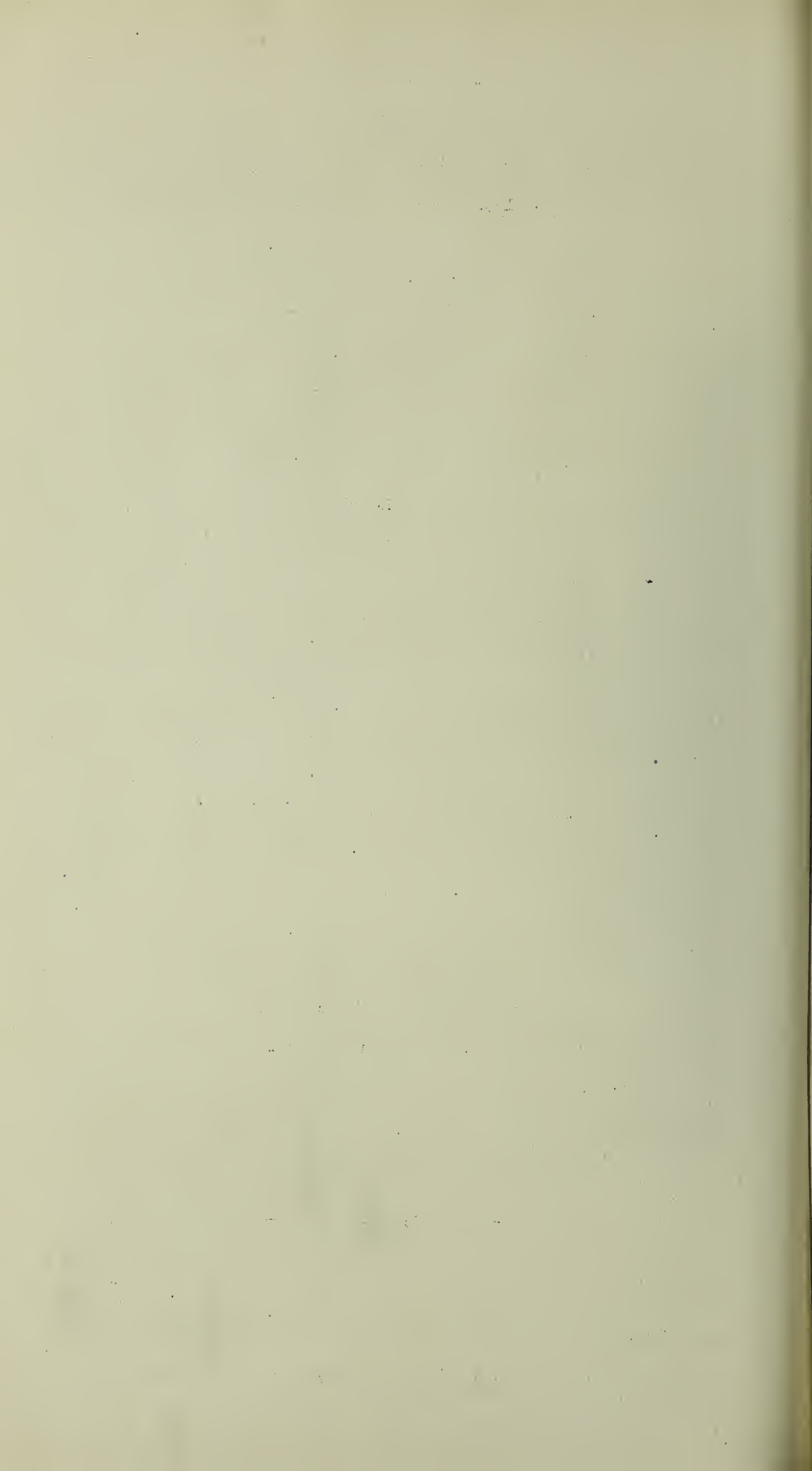
Bulk Supplies.

Schools, School Canteens, Hostels, etc.	-	43 galls. per day.
Hospitals.	-	20 galls. per day.

Water Supplies.

Public water supplies throughout the County have been satisfactory during the year.

As/



As a result of the promise of financial assistance from the Government under the Water Supply and Sewerage Act of 1944, schemes for augmentation and improvement of many of these supplies have been prepared by the Council's Engineers and submitted to the Department of Health for Scotland, with a Priority order agreed on by the County Council.

Arrangements have been made whereby a supply of water for the village of Salthorn is to be obtained from the Burgh of Invergordon, and the work is being proceeded with at an approximate cost of £1,000.

Under their scheme of financial assistance to farmers, crofters, etc., for the provision of water supplies to fields and houses, the Department of Agriculture ask all applicants for a report by an Analyst on the condition of the water from the proposed source. All assistance possible has been given and 23 such cases have been dealt with, the applicant repaying the expense of the Analysis and carriage to the County Council.

Thirty two samples of water have been submitted during the year for Bacteriological and Chemical Analysis.

Drainage.

Many drainage systems in the County have been examined by the Councils Engineers for improvements and extensions and proposals for complete new schemes have been submitted to the Department of Health for Scotland under the Water and Sewerage Act, 1944.

The provision of houses at Braehead, Avoch, will call for an extension of the village drainage scheme and this has been approved at a cost of £4,550. The extension will be part of a larger scheme to link up existing drains and outfalls to one new main outfall.

In Alness an extension has been made at Coulhill to allow several more houses to connect up with the Public System and improvements at an approximate cost of £45 have been carried out to the Bridgend section.

Housing.

The 50 Temporary houses being erected in Alness, Avoch and Muir of Ord are nearing completion, and it is anticipated that they will be ready for occupation at the beginning of 1947.

The erection of Permanent houses in Alness and Evanton was commenced during the year, and site preparation at Muir of Ord is well under way.

A number of complaints regarding need for repairs, etc., were dealt with and the works carried out without the necessity of issuing Statutory Notices except in one instance dealing with 2 farm servants' cottages where it was necessary to endorse the powers of the Local Authority. After some delay the works were carried out.

Under/

Under the powers, delegated to the Local Authority by the Ministry of Works, Building Licences were issued as shown below. Dealing with these applications is involving the Department in a considerable amount of extra work, which is interfering with the normal Public Health duties, but despite repeated complaints by the Local Authority the Central Departments still do not see their way to provide assistance nor are they prepared to pay for such assistance.

<u>Type.</u>	<u>Number of Licences.</u>	<u>Cost.</u>
Housing.	605.	£68,639.
Non-Housing.	79.	4,483.

Foodstuffs.

Foodstuffs sized as unfit for human consumption and certified as such are as follows:-

Fresh Meat.	540 lbs.	12 ozs.
Tinned Meat.	74 lbs.	14 ozs
Tinned Milk.	82 lbs.	9 $\frac{1}{2}$ ozs.
Fruit.	160 lbs.	3 ozs.
Various.	155 sts. 3 lbs.	14 $\frac{1}{2}$ ozs.

The fruit certified as unfit was delivered to retailers in a very bad condition, obviously suffering from periods of long storage. It is a ridiculous state of affairs when complete crates of fruit in a rotten condition are allowed to occupy valuable space when transported from wholesale suppliers to retailers.

Slaughter Houses.

The arrangement whereby the Slaughter Houses in Dingwall, Invergordon, and Tain supply the needs of the Mainlands is still operative, largely under the control of the Ministry of Food. The Licensing of Slaughter Houses for sheep, most of which are on the Western Seaboard of the County, are dealt with as previously by the Local Authority and inspections reveal these to be kept in a satisfactory condition.

Refuse Dumps.

Generally the refuse Dumps are kept in as satisfactory a condition as can be under the present system, whereby each village has its own collection and disposal. The financial position of the various Districts does not allow for the expenditure necessary to maintain a man full-time on the dump with the result that periodic tidying is necessary.

The District Councils controlling the two parts of Alness have combined for collection and dumping purposes and the Bridgend Dump is now being used, the one at Alness being closed.

Similar action has been taken for the villages of Conon and Maryburgh, the dump at the latter taking the combined collection.

The/

The Strathpeffer dump is once more full and an agreement has been reached between the Estate and the District Council for an extension.

The village of Munlochy has been formed into a Special Scavenging District and negotiations are proceeding for the collection and removal of refuse by Fortrose Town Council. Should agreement not be reached a site for a Munlochy Dump has been approved.

The Dump at Avoch, which has been a source of trouble for years, is overflowing its area, and steps have been taken to find an alternative site, fully a mile from the Village. Negotiations are proceeding between the Estate and the District Council for the requisition of the ground and the access road.

Pest Destruction Officers.

During the year the County Council decided to appoint two Pest Destruction Officers for the County and the matter of terms of appointment, etc., is now in the hands of the Diseases of Animals Executive Committee.

COULREGREIN HOUSE, STORNOWAY.

Annual Report for the year ending 31st December, 1946,
by the Medical Officer, Coulregrein House, Stornoway.

1. ACCOMMODATION.

- (a) Sick and Ordinary Poor. - Apart from the Lunatic Section, accommodation for patients is inadequate. At present, Acute and Chronic Sick have to be nursed in the same wards as those occupied by Ordinary Poor. Furthermore, there is no Day Room accommodation for Ordinary Poor, with the result that they have to sit in the wards where acute and chronic sick are being nursed - to the detriment of all concerned. While everything is being done by the Governor and nursing staff to make the best of the present circumstances, the position will never be satisfactory until provision is made for separate Sick Quarters for acute and chronic sick and for Day Rooms for the Ordinary Poor separate from their dormitories.
- (b) Maternity. - There is one sideroom which can be made available for confinements when necessary. As this room is on the main corridor and in use for other cases, except when required for confinements, it is not very suitable.
- (c) Children. - At present, three children are accommodated in the Institution. It would seem almost unnecessary to point out that the environment is quite unsuitable for them.
- (d) Nursing Staff. - Accommodation for the nursing staff is quite inadequate. At present, four of the staff have had to be put up in rooms originally intended for patients. In the case of all staff bedrooms, these are adjacent to rooms occupied by patients, many of whom are very noisy at night, with the result that the sleep of the staff is very often disturbed. Personally, I consider that separate quarters for the nursing staff are not only a reasonable request but an urgent necessity.

- 2. HEATING, LIGHTING AND VENTILATION. - There has been no change in the heating arrangements during the year. One Lunatic Section is centrally heated but open fires are provided downstairs for Ordinary Sick Poor. The installation of central heating throughout the building would not only effect a saving in fuel and labour/

labour for the domestic staff but would also encourage tidiness as there is a natural tendency on the part of the inmates to throw waste matter in the general direction of the fireplace, but without ever getting there.

Electric lighting has been installed during the year and power plugs have been fitted.

Ventilation is adequate throughout the building.

3. SANITATION. - The Ordinary Poor Wards are, by force of circumstances, overcrowded but otherwise the general standard of cleanliness is well maintained.

Owing to the type of patient admitted here, a considerable proportion of them are verminous and it is considered that a separate bathroom for admissions, together with adequate arrangements for disinfection in the laundry, would be an advantage.

4. ISOLATION WARDS. - There is no accommodation for the isolation of infectious diseases but cases coming under the Notification of Infectious Diseases Act can be removed to the Infectious Diseases Hospital.
5. DIETARY AND CLOTHING. - Clothing is satisfactory. Taking into consideration the restrictions which still apply in regard to poor, the standard is satisfactory and the Governor and staff are to be complimented on the way in which they surmount or perhaps by-pass the difficulties in that connection.
6. MEDICAL APPLIANCES. - No difficulty has been experienced in obtaining necessary equipment. Medicines are obtained locally.
7. SPECIAL TREATMENT. - The arrangement for special treatment of patients remains the same as for previous years.
8. STAFF. - In common with other institutions, there have been difficulties in finding adequate nursing staff and it has fluctuated so much that it would seem pointless to try and detail the various changes that have taken place throughout the year. At the moment, we are fairly well placed but have been unfortunate in that Sister Mackenzie, our only fully trained member of the nursing staff, has had to go off owing to illness.

In conclusion, I should like to thank the Governor, Matron and Nursing Staff for their whole-hearted co-operation at all times.

(Signed) A. Macleod, M.B., Ch.B.,
Acting Medical Officer,
Coulregrein House.

Annual Report for the year ending 31st December, 1946,
by the Sanitary Inspector & Housing Officer,
6, Maritime Buildings, Stornoway.

Infectious Diseases: During the year there was only one case of Scarlet Fever and no Diphtheria cases notified. This is a continuance of the good record which was evident during the war years, and is a reduction/

reduction then compared to last year, as the following table shows:-

	<u>Diphtheria.</u>	<u>Scarlet Fever.</u>	<u>Paratyphoid "B".</u>
1946	0	1	0
1945	1	11	12

Several disinfections were necessary, however, in the case of Tuberculosis patients who either died or were removed to the County Hospital. In one instance fumigation of a cabin on board the mail-steamer was carried out after a serious case had been taken from the mainland to her home in the Island.

During the year, twelve T.B. Convalescent Huts have been utilised for patients in the landward area, but it is evident that many more could be used if they were available.

Water Supplies: The position as regards water has not altered since last year except that the Department of Health have provisionally accepted schemes for five of the main areas in the Island. It is very doubtful however, if these will be started before 1948. The installation of a water and sewage system in villages will be the most important advance in Lewis for generations and taken together with the proposed Hydro-Electric, will allow a standard of living equal to that obtained in any town.

Housing: Under the Housing (Agricultural Population) (Scotland) Act, 1938, the crofters are increasingly eager to take advantage of the grants offered and over sixty proposals have been examined and Certificates "A" issued. Most of these are in various stages of construction but it is doubtful if much progress can be made under the present difficulties of material.

From experience in a housing survey of the Island, it becomes more apparent every day that a mistake has been made in the closure of the Rural Workers Acts. Many cases are obvious where the houses are capable of improvement and would be improved if the grants were still available.

Results to date in regard to the housing survey are very revealing, as the following figures show:-

<u>Houses Surveyed.</u>	<u>Fit Houses.</u>	<u>Unfit Houses.</u>	<u>Black Houses.</u>
2987	1613	856	518

All "black" Houses are regarded as unfit although many are in a good state of preservation and well looked after, but their construction naturally falls short of modern standards. The figures show that only 54% of the houses surveyed are fit, and the classification if anything tends towards generosity in this respect. It can be seen that it will take very vigorous action to remedy this serious problem, and among the difficulties likely to be experienced, the worst headaches will be economic and from local prejudice on the part of the older generation. Many of the latter would not leave their "black" houses for even the most modern home.

Apart from the unfit houses there is also a proportion of the fit houses overcrowded, the figures being 229 out of the total 1613.

Slaughterhouses/

Slaughterhouses: The position of private slaughterhouses is similar to last year, and probably will not return to normal for some time yet. With the introduction of water and sewage schemes the standard should no doubt improve greatly when these are available.

Civil Buildings: The amount of work involved in the administration of the Civil Building Control has grown out of all proportion. It is no exaggeration to say that in this area alone it is almost a whole time job. In 1946, 290 licences were issued, but even that is not a true reflection of the time spent in explanations to applicants, returning incomplete applications, and making out the forms. It is safe to say that for every licence granted, at least three are refused, and with all the involved procedures and regulations, it has now reached the stage that help will be necessary if other work is to proceed satisfactorily.

Dairies: The milk position is still poor and the Burgh of Stornoway depends largely on milk from the Mainland. Much criticism has been levelled at the pasteurised milk imported, and in some quarters it is argued that the morning milk from the Mainland should be put on the train fresh so that it will be delivered in Stornoway next morning. Personally I am of the opinion that with the amount of handling involved fresh milk would be in poor state by the time it reached the consumer.

It is understood that there is a scheme afoot to increase and improve milk production in Lewis, sponsored by the Department of Agriculture. Although no details are available it appears this will involve the reclamation of land near the Burgh of Stornoway. Such a scheme would be welcome in view of the shortage of grazings for dairy farms.

